

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13407</u>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name <u>Dennis</u> <u>Jawor</u>  P.O. Box, Bldg., Room No., if any  Street <u>5452 West 137th Place</u>  City <u>Crestwood</u>  State <u>Illinois</u> ZIP Code + 4 <u>60445-1526</u>	4. Name, file number, and address of labor organization.  Name <u>Automobile Mechanics Local 701</u>  Labor Organization File Number <u>016-910</u>  P.O. Box, Building and Room Number, if any  Street <u>500 W. Plainfield Road</u>  City <u>Countryside</u>  State <u>Illinois</u> ZIP Code + 4 <u>60525-3580</u>
5. Position in labor organization. <u>Directing Business Representative</u>	

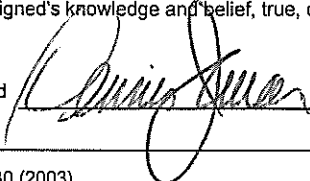
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

08/10/2005

Date

(708) 482-1720

Telephone Number

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Jacobs, Burns, Orlove, Stanton &amp; Hernandez</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 122 S. Michigan Ave., Suite 1720</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60603-6145</p>	<p>14.a. Nature of payment.</p> <p>7/27/04: 2 Baseball tickets</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>\$78</p>

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## Part C Continuation Page

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Jacobs, Burns, Orlove, Stanton & Hernandez

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 122 S. Michigan Ave., Suite 1720

City Chicago

State Illinois ZIP Code + 4 60603-6145

14.a. Nature of payment.

12/6/04: Christmas Box of Chocolates

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$30

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Blue Cross Blue Shield

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 500 East Randolph Street

City Chicago

State Illinois ZIP Code + 4 60601-5099

14.a. Nature of payment.

09/02/04 Client development dinner

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$59

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Legacy Professionals LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 30 North LaSalle Street Suite 4200

City Chicago

State Illinois ZIP Code + 4 60602

14.a. Nature of payment.

08/12-04 Golf & food

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$160

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**Part C Continuation Page**

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name Amalgatrust Company  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street One West Monroe Street  City Chicago  State Illinois ZIP Code + 4 60603	<b>14.a. Nature of payment.</b>  04/13/04 Baseball ticker & food
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input checked="" type="checkbox"/> ?	<b>14.b. Amount of payment.</b>  \$105

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name Chicago Equity Partners  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 180 North LaSalle Suite 3800  City Chicago  State Illinois ZIP Code + 4 60601	<b>14.a. Nature of payment.</b>  02/25/04 Basketball game
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input checked="" type="checkbox"/> ?	<b>14.b. Amount of payment.</b>  \$50

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name Amalgatrust Company  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street One West Monree Street  City Chicago  State Illinois ZIP Code + 4 60603	<b>14.a. Nature of payment.</b>  12/ /04 Holiday gift box
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input checked="" type="checkbox"/> ?	<b>14.b. Amount of payment.</b>  \$26

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## Part C Continuation Page

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Amalgatrust Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street One West Monree Street

City Chicago

State Illinois ZIP Code + 4 60603

14.a. Nature of payment.

10/19/04 Labor council meeting

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$51

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Amalgatrust Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street One West Monree Street

City Chicago

State Illinois ZIP Code + 4

14.a. Nature of payment.

04/30/04 Baseball ticket & food

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$114

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Amalgatrust Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street One West Monree Street

City Chicago

State Illinois ZIP Code + 4 60603

14.a. Nature of payment.

05/26/04 2 Baseball tickets & food

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$226

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## Part C Continuation Page

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Chicago Equity Partners

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 180 North LaSalle

City Chicago

State Illinois

ZIP Code + 4 60601

14.a. Nature of payment.

03/25/04 Basketball game

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$50

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Chicago Equity Partners

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 180 North LaSalle

City Chicago

State Illinois

ZIP Code + 4 06061

14.a. Nature of payment.

07/02/21/04 Baseball game

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$150

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Mesirow Financial

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 350 North Clark Street

City Chicago

State Illinois

ZIP Code + 4 60610

14.a. Nature of payment.

06/09/04 Baseball ticket & food

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$93

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## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Janus Intech

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2401 PGA Boulevard Suite 200

City Garden Beach

State Florida

ZIP Code + 4 33410

14.a. Nature of payment.

11/19/04 2 Business dinner

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$200

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.